

BRFSS Core and Optional (including state-added) Questions - 2000-2015

X indicates included on the survey

Topic Area	Question Description	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Advance Directive	Do you have a completed advance directive?										X						
Adverse Childhood Experience	Did you live with anyone who was depressed, mentally ill, or suicidal?											X	X				
Adverse Childhood Experience	Did you live with anyone who was a problem drinker or alcoholic?											X	X				
Adverse Childhood Experience	Did you live with anyone who used illegal street drugs or who abused prescription medications?											X	X				
Adverse Childhood Experience	Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?											X	X				
Adverse Childhood Experience	Were your parents separated or divorced?											X	X				
Adverse Childhood Experience	How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?											X	X				
Adverse Childhood Experience	Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?											X	X				
Adverse Childhood Experience	How often did a parent or adult in your home ever swear at you, insult you, or put you down?											X	X				
Adverse Childhood Experience	How often did anyone at least 5 years older than you or an adult, ever touch you sexually?											X	X				
Adverse Childhood Experience	How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually?											X	X				
Adverse Childhood Experience	How often did anyone at least 5 years older than you or an adult, force you to have sex?											X	X				
Adverse Childhood Experience	Calculated: ACE Scale (1-8 adverse childhood experiences)											X	X				
Adverse Childhood Experience	Calculated: ACE Categories (Collapsed version of ACE Scale)											X	X				

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Arthritis/Joint Pain	During past 12 months, had pain, aching, stiffness or swelling in or around a joint?	X	X														
Arthritis/Joint Pain	These symptoms present on most days for at least a month?	X	X														
Arthritis/Joint Pain	Joint symptoms first begin more than 3 months ago?			X	X		X		X								
Arthritis/Joint Pain	Now limited in any way in any activities because of joint symptoms?	X	X	X	X		X		X		X		X		X		X
Arthritis/Joint Pain	Ever seen doctor for these joint symptoms?		X	X	X		X		X								
Arthritis/Joint Pain	Ever been told by doctor that had arthritis?	X	X	X	X		X	X	X		X		X	X	X	X	X
Arthritis/Joint Pain	Currently being treated by doctor for arthritis?	X	X														
Arthritis/Joint Pain	Arthritis or joint symptoms affect whether you work, type of work do, or amount of work do?			X	X		X				X		X		X		X
Arthritis/Joint Pain	In past month, extent that arthritis or joint symptoms interfered with normal social activities?										X		X		X		X
Arthritis/Joint Pain	In past month, how bad was joint pain on average?										X		X		X		X
Arthritis/Joint Pain	Past 30 days, pain, aching, stiffness in or around joint?			X													
Arthritis/Joint Pain	What type of arthritis did doctor say you have?	X															
Arthritis/Joint Pain	How limiting is arthritis or joint symptoms, TODAY?				X												
Arthritis/Joint Pain	Doctor ever suggested losing weight to help with arthritis or joint symptoms?				X												
Arthritis/Joint Pain	Doctor ever suggested physical activity or exercise to help with arthritis or joint symptoms?				X												
Arthritis/Joint Pain	Ever taken educational course on how to manage problems related to arthritis or joint symptoms?				X												
Arthritis/Joint Pain	Calculated: Respondent diagnosed with arthritis						X		X		X		X	X	X	X	X

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Asthma-Child	Number of children in household diagnosed with asthma?/Randomly selected child has asthma?		X	X	X	X	X	X	X	X	X	X	X		X	X	X
Asthma-Child	Number of children in household who still have asthma?/Randomly selected child still has asthma?		X	X	X	X	X	X	X	X	X	X	X		X	X	X
Asthma-Child	When was child diagnosed with asthma?/Randomly selected child still has asthma?						X										
Asthma-Child	In past 12 months, number of times child visited ER or urgent care because of asthma attack?						X										
Asthma-Child	In past 12 months, number of days child unable to attend school or participate in regular activities because of asthma?						X										
Asthma-Child	How long since child's parent/guardian last talked to doctor about child's asthma?				X												
Asthma-Child	Doctor ever taught child or parent/guardian to recognize early signs and symptoms of asthma episode?				X		X										
Asthma-Child	Doctor ever taught child or parent/guardian what to do during asthma episode?				X		X										
Asthma-Child	Doctor ever taught child or parent/guardian how to monitor peak flow?				X												
Asthma-Child	Doctor ever given child or parent/guardian written management plan?				X		X										
Asthma-Child	Respondent knowledgeable about medical care of child with asthma?				X												
Blueprint	How much agree with: Confident that I can take actions that will help prevent or minimize some symptoms or problems associated with my health?								X	X	X						
Blueprint	How much agree with: I am the person responsible for managing my health								X	X	X						
Blueprint	How much agree with: I have been able to maintain the lifestyle changes for my health that I have made.								X	X	X						
Blueprint	Ever heard of HLW or community walking programs?								X	X	X						

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Breast Cancer Risk	Ever had breast biopsy?					X	X										
Breast Cancer Risk	Number of breast biopsies?					X	X										
Breast Cancer Risk	Any abnormal results from breast biopsies?					X	X										
Breast Cancer Risk	Mother, sister or daughter ever told by doctor have breast cancer?					X	X										
Breast Cancer Risk	How many of your mother, sisters or daughters have been told they have breast cancer?					X	X										
Breast Cancer Risk	Age when period or menstrual cycles started?					X	X										
Breast Cancer Risk	Ever given birth to live infant?					X	X										
Breast Cancer Risk	Age when first infant was born?					X	X										
Breast Cancer Risk	Considering all infants, how long would you say you breastfed in your lifetime?					X	X										
Cancer	Ever told by doctor that have cancer? (some years distinguishes last year vs. not)					X	X	X	X	X	X	X					
Cancer	Ever told by doctor that you had skin cancer?												X	X	X	X	X
Cancer	Ever told by doctor that you had any other type of cancer?												X	X	X	X	X
Cancer	Number of types of cancer had?										X			X			
Cancer	Age first told you had cancer?										X			X			
Cancer	What is most recent type of cancer you've had?										X			X			
Cancer	Was your cancer basal cell or squamous cell skin cancer?									X		X		X	X	X	
Cancer	Currently receiving treatment for cancer?										X			X			
Cancer	What type of doctor do you think of as your personal HCP?										X			X			
Cancer	Any doctor ever give you written summary of all the treatments you received?										X			X			
Cancer	Ever received advice from doctor about where you should return or who you should see for routine cancer check-ups once treatment complete?										X			X			
Cancer	Was this advice written down or printed on paper for you?										X			X			
Cancer	With most recent diagnosis of cancer, have health insurance to pay some or all of cancer treatment?										X			X			
Cancer	Ever denied health or life insurance because of your cancer?										X			X			
Cancer	Participate in clinical trial as part of your cancer treatment?										X			X			
Cancer	Feel you have physical pain caused by your cancer or treatment?										X			X			
Cancer	Feel your pain is currently under control?										X			X			

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Cardiovascular Disease	Ever told had a heart attack, also called a myocardial infarction? (some years distinguishes last year vs. not)		X		X	X	X	X	X	X	X	X	X	X	X	X	X
Cardiovascular Disease	Ever told had angina or coronary heart disease? (some years distinguishes last year vs. not)		X		X	X	X	X	X	X	X	X	X	X	X	X	X
Cardiovascular Disease	Ever told had a stroke? (some years distinguishes last year vs. not)		X		X	X	X	X	X	X	X	X	X	X	X	X	X
Cardiovascular Disease	Think sudden trouble seeing in one or both eyes is a symptom of a stroke?									X							
Cardiovascular Disease	Think sudden chest pain is a symptom of a stroke?									X							
Cardiovascular Disease	Think severe headache with no known cause is a symptom of a stroke?									X							
Cardiovascular Disease	If thought someone was having a heart attack or stroke, what is first thing you'd do?									X							
Caregiving	There are situations where people provide regular care or assistance to a family member to a friend who is elderly or has a long-term illness/disability. During the past month, did you provide any such care or assistance?	X									X						
Caregiving	Who would you call to arrange short or long-term care in the home for an elderly relative or friend who was no longer able to care for themselves?	X															
Childhood Obesity	On average how many hours per day does your child watch TV or use a computer for fun or video games?						X	X	X								
Childhood Obesity	Doctor ever told you child is overweight?						X	X	X								

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Cholesterol Awareness	Ever had your blood cholesterol checked?		X		X		X		X		X		X		X		X
Cholesterol Awareness	How long since last had blood cholesterol checked?		X		X		X		X		X		X		X		X
Cholesterol Awareness	Ever been told by a doctor that you had high blood cholesterol?		X		X		X		X		X		X		X		X
Cholesterol Awareness	In past 12 months, doctor ever told you to eat fewer high fat or high cholesterol foods?				X												
Cholesterol Awareness	In past 12 months, doctor ever told you to eat more fruits and vegetables?				X												
Cholesterol Awareness	In past 12 months, doctor ever told you be more physically active?				X												
Cholesterol Awareness	Calculated: High cholesterol risk factor		X		X		X		X		X		X		X		X
Cholesterol Awareness	Calculated: Cholesterol check within last five years		X		X		X		X		X		X		X		X
Citizenship	Moved to US as immigrant or refugee within past 10 years?		X														
Cognitive Impairment	In past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?														X		
Cognitive Impairment	During past 12 months, how often have you given up household activities or chores you used to do, because of confusion or memory loss that is happening more often or is getting worse?														X		
Cognitive Impairment	As a result of your confusion or memory loss, in which of the following four areas do you need the most assistance?														X		
Cognitive Impairment	During the past 12 months, how often has confusion or memory loss interfered with your ability ot work, volunteer, or engage in social activities?														X		
Cognitive Impairment	During the past 30 days, how often has a family member or friend provided any care or assitance for you because of confusion or memory loss?														X		
Cognitive Impairment	Has anyone discussed with a health care professiona, increases in your confusion or memory loss?														X		
Cognitive Impairment	Have you received treatment such as therapy or medications for confusion or memory loss?														X		
Cognitive Impairment	Has a health care professional ever said that you have Alzheimer's disease or some other form of dementia?														X		
Cognitive Impairment	Has HCP ever said that you have, or another adult in your household 18 or older has Alzheimer's Disease or some other form of dementia?													X			

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Colorectal Cancer Screening	Doctor ever given you or immediate family member diagnosis of colon or rectal cancer?								X								
Colorectal Cancer Screening	Doctor ever advised you to get screened for colon or rectal cancer?							X									
Colorectal Cancer Screening	Ever had blood stool test using home kit?		X	X		X		X	X	X		X		X		X	
Colorectal Cancer Screening	How long since last blood stool test using home kit?		X	X		X		X	X	X		X		X		X	
Colorectal Cancer Screening	Ever had sigmoidoscopy or colonoscopy?		X	X		X		X	X	X		X		X		X	
Colorectal Cancer Screening	Was most recent exam sigmoidoscopy or colonoscopy?								X	X		X		X		X	
Colorectal Cancer Screening	How long since last sigmoidoscopy or colonoscopy?		X			X		X	X	X		X		X		X	
Colorectal Cancer Screening	Calculated: Respondents 50+ never had sigmoid/colonoscopy			X		X		X		X		X		X		X	
Colorectal Cancer Screening	Calculated: Respondents 50+ not had blood stool test in past two years			X		X		X		X		X		X		X	
COPD	Doctor ever told you had COPD? (some years distinguishes last year vs. not)			X	X	X	X		X	X			X	X	X	X	

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Demographics	In what town is your primary care doctor's office?	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics	Age	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics	Race, with ethnicity and multiple races indicated (2000 only one race allowed, 2001-2012 - multiple races allowed, 2013 forward question changed to allow additional races)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics	Ethnicity (in 2000 - Spanish or Hispanic, 2001-2012 - Hispanic or Latino, 2013 forward - multiple ethnicities allowed)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics	Marital Status	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics	Children in household, age groups <5, 5-12, 13-17	X				X											
Demographics	Children in household, total under 18		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics	Education level	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics	Employment status (2013 forward response categories change)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics	What kind of work do you do/did you do?															X	
Demographics	What kind of business or industry do you work in/did you work in?															X	
Demographics	Household Income	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics	Ever served on active duty in US Armed Forces?	X			X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics	Which of the following describes your service in US military?				X	X											
Demographics	Current military status?	X															
Demographics	In past 12 months, received some or all of health care from VA facilities?	X			X	X											
Demographics	Weight without shoes?	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics	How much would you like to weigh?	X			X												
Demographics	How much weighed a year ago?								X	X	X						
Demographics	Was change between current weight and that a year ago intentional?								X	X	X						
Demographics	About how tall without shoes?	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics	County of Residence?	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics	Zip Code where live?						X	X	X	X	X	X	X	X	X	X	X
Demographics	Town of Residence?	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics	More than one telephone number in household?	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics	Number of residential telephone numbers?	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics	Number of adults in household currently use cell phone for any purpose		X											X			
Demographics	Have cell phone for personal use?										X	X	X	X	X	X	X
Demographics	Do you share a cell phone (at least 1/3 of the time) for personal use with other adults?										X	X	X				

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Demographics	Do you usually share this cell phone (at least 1/3 of the time) with any other adults?										X	X	X				
Demographics	What percent, between 0 and 100, are received on your cell phone?										X	X	X	X	X		
Demographics	In past 12 months, household been without telephone service for 1 week or more?				X	X	X	X	X	X	X	X					
Demographics	Gender	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics	Currently pregnant?	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics	Rent or own home?												X	X	X	X	X
Demographics	Have you used the internet in the past 30 days?														X	X	X
Demographics	Calculated: Body Mass Index	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics	Calculated: Body Mass Index - (Prior to 2011) 3 levels/(2011 forward) 4 category	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics	Calculated: Risk factor for overweight or obese	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics	Calculated: Income categories					X	X	X	X	X	X	X	X	X	X	X	X
Demographics	Calculated: Level of education completed					X	X	X	X	X	X	X	X	X	X	X	X
Demographics	Calculated: Preferred race category (categories changed in 2013)		X	X	X	X	X	X	X	X	X	X	X	X			
Demographics	Calculated: Children in household					X	X	X	X	X	X	X	X	X	X	X	X
Depression	Doctor ever told have a depressive disorder, including depression, major depression, dysthymia, or minor depression?							X		X		X	X	X	X	X	X
Depression	In past year, had two weeks or more where felt sad, blue or depressed or lost all interest in things that you really cared about or enjoyed?	X	X	X	X	X	X										
Depression	Had two or more years in life when felt depressed or sad most days, even if felt ok sometimes?	X	X	X	X	X	X										
Depression	Have you felt depressed or sad much of the time in the past year?	X	X	X	X	X	X										
Depression	How much of time in past week did you feel depressed?	X	X	X	X	X	X										
Depression	In the past year, gotten professional counseling or treatment for sadness or depression?			X	X												
Depression	In past 30 days, how many days felt blue, sad or depressed?				X	X	X										
Depression	In past 30 days, how many days felt worried, tense, or anxious?				X	X	X	X									
Depression	In past 30 days, how many days felt did not get enough rest or sleep?				X	X	X			X	X	X					
Depression	In past 30 days, how many days felt healthy and full of energy?				X	X	X										
Depression	In last two weeks, how many days had little interest or pleasure in doing things?							X		X		X					
Depression	In last two weeks, how many days felt down, depressed or hopeless?							X		X		X					

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Depression	In last two weeks how many days had trouble falling asleep, staying asleep or sleeping too much?							X		X		X					
Depression	In last two weeks, how many days felt tired or had little energy?							X		X		X					
Depression	In last two weeks, how many days have you had a poor appetite or eaten too much?							X		X		X					
Depression	In last two weeks, how many days have you felt bad about yourself or that you were a failure or had let yourself or your family down?							X		X		X					
Depression	In last two weeks, how many days have you had trouble concentrating on things?							X		X		X					
Depression	In last two weeks, how many days have you moved or spoken so slowly that other people could have noticed? Or the opposite, so fidgety and restless that moving around more than usual?							X		X		X					
Depression	Calculated depression severity in last two weeks							X		X		X					
Depression	Calculated ever told have anxiety or depressive disorder							X		X		X					
Depression	Doctor ever told you that you have an anxiety disorder?							X		X		X					
Depression	In past 30 days, how often felt nervous?								X		X						
Depression	In past 30 days, how often felt hopeless?								X		X						
Depression	In past 30 days, how often felt restless?								X		X						
Depression	In past 30 days, how often felt so depressed that nothing could cheer you up?								X		X						
Depression	In past 30 days, how often did you feel everything was an effort?								X		X						
Depression	In past 30 days, how often did you feel worthless?								X		X						
Depression	In past 30 days, how many days did emotions or feelings keep you from doing your work or other usual activities?								X		X						
Depression	Now taking medication or receiving treatment from doctor for any type of mental health condition or emotional problem?								X		X						
Depression	How much agree with: treatment can help people with mental illness lead normal lives?								X		X						
Depression	How much agree with: people are generally caring and sympathetic to people with mental illness?								X		X						

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Environmental Factors	In past 12 months, had illness or symptom that you think was caused by the air inside a home, office, or other building?					X											
Environmental Factors	In past 12 months, had an illness or symptom that you think was caused by pollution in the air outdoors?					X											
Exercise/Physical Activity	During the past month, participated in physical activities or exercise?	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Exercise/Physical Activity	Type of physical activity or exercise participated in most? (Repeated addt'l activity)	X											X		X		X
Exercise/Physical Activity	How far usually walk/run/jog/swim? (repeated addt'l activity)	X															
Exercise/Physical Activity	Times per week or month take part in this activity? (Repeated addt'l activity)	X											X		X		X
Exercise/Physical Activity	When participated, for how many minutes or hours kept at it? (Repeated addt'l activity)	X											X		X		X
Exercise/Physical Activity	Another physical activity participated in during last month? (Repeated addt'l activities)	X															
Exercise/Physical Activity	During past month, times per week or month participated in activities to strengthen muscles (not aerobic activities)?												X		X		X
Exercise/Physical Activity	Amount of physical activity at work		X		X		X	X	X		X						
Exercise/Physical Activity	In usual week, participate in moderate physical activities for at least 10 minutes at a time?		X		X		X	X	X		X						
Exercise/Physical Activity	Times per week do moderate activities for at least 10 minutes?		X		X		X	X	X		X						
Exercise/Physical Activity	On days do moderate activities, how much total time per day spend doing them?		X		X		X	X	X		X						
Exercise/Physical Activity	Meets moderate physical activity recommendations				X		X	X	X		X						
Exercise/Physical Activity	In usual week, participate in vigorous activities for at least 10 minutes at a time?		X		X		X	X	X		X						
Exercise/Physical Activity	Times per week do vigorous activities for at least 10 minutes?		X		X		X	X	X		X						
Exercise/Physical Activity	On days do vigorous activities, how much total time per day spend doing them?		X		X		X	X	X		X						
Exercise/Physical Activity	Meets vigorous physical activity recommendations				X		X	X	X		X						
Exercise/Physical Activity	Calculated: Minutes of moderate physical activity per week										X						
Exercise/Physical Activity	Calculated: Minutes of moderate physical activity per month	X		X		X	X	O		X	X						

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Exercise/Physical Activity	Calculated: 150 minutes physical activity										X		X		X		X
Exercise/Physical Activity	Calculated: 300 minutes of physical activity										X		X		X		X
Exercise/Physical Activity	Calculated: No physical activity or exercise risk factor			X		X		O			X						
Exercise/Physical Activity	Calculated: Moderate physical activity recommendations risk factor	X			X		X	O	X		X						
Exercise/Physical Activity	Calculated: No leisure time physical activity or exercise - calculated differently in 2011	X	X	X	X	X	X	O	X	X	X	X	X		X		X
Exercise/Physical Activity	Calculated: Minutes of total physical activity per week										X	X					
Exercise/Physical Activity	Calculated: Minutes of vigorous physical activity per week										X						
Exercise/Physical Activity	Calculated: Minutes of vigorous physical activity per month		X		X		X	O	X		X						
Exercise/Physical Activity	Calculated: Recommended physical activity risk factor		X		X		X	O	X		X						
Exercise/Physical Activity	Calculated: Vigorous physical activity risk factor		X		X		X	O	X		X						
Exercise/Physical Activity	Calculated: Estimated activity intensity for first activity												X		X		X
Exercise/Physical Activity	Calculated: Estimated intensity for second activity												X		X		X
Exercise/Physical Activity	Calculated: Minutes of total physical activity per week												X		X		X
Exercise/Physical Activity	Calculated: Minutes of total vigorous physical activity per week												X		X		X
Exercise/Physical Activity	Calculated: Minutes of vigorous physical activity per week - first activity												X		X		X
Exercise/Physical Activity	Calculated: Minutes of vigorous physical activity per week - second activity												X		X		X
Exercise/Physical Activity	Calculated: Physical Activity Categories												X		X		X
Exercise/Physical Activity	Calculated: Physical Activity Index (met recs vs. not)												X		X		X
Exercise/Physical Activity	Calculated: Muscle strengthening recommendation												X		X		X
Exercise/Physical Activity	Calculated: Aerobic and Strengthening Guideline												X		X		X
Exercise/Physical Activity	Calculated: 2-level aerobic and strengthening guideline												X		X		X

BRFSS Core and Optional (including state-added) Questions - 2000-2015

X indicates included on the survey

[illegible]

BRFSS Core and Optional (including state-added) Questions - 2000-2015

X indicates included on the survey

Topic Area	Question Description	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Fit & Healthy Vermonters	Rate community as a safe place to walk												X				
Fit & Healthy Vermonters	Use walking trails, parks, playgrounds, sports fields in your community for physical activity?												X				
Fit & Healthy Vermonters	Weight perception: do you now consider yourself to be: obese, overweight, underweight, about the right weight?															X	X
Folic Acid	Currently take vitamins or supplements?					X		X		X	X						
Folic Acid	Are any of these multivitamins?					X		X		X	X						
Folic Acid	Do any of the vitamins or supplements you take contain folic acid?					X		X		X	X						
Folic Acid	How often do you take this vitamin or supplement?					X		X		X	X						
Folic Acid	Reason health experts recommend women take folic acid?					X		X		X	X						
Folic Acid	How many times a week currently take multivitamin, prenatal vitamin, or folic acid vitamin?													X	X		
Fruits and Vegetables	How often drink fruit juices?	X		X	X		X		X		X		X		X		X
Fruits and Vegetables	Not counting juice, how often do you eat fruit?	X		X	X		X		X		X		X		X		X
Fruits and Vegetables	How often eat green salad?	X		X	X		X		X		X						
Fruits and Vegetables	How often eat potatoes?	X		X	X		X		X		X						
Fruits and Vegetables	How often eat carrots?	X		X	X		X		X		X						
Fruits and Vegetables	Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat?	X		X	X		X		X		X						
Fruits and Vegetables	How often eat cooked or canned beans?												X		X		X
Fruits and Vegetables	How often eat dark green vegetables?												X		X		X
Fruits and Vegetables	How often eat orange-colored vegetables?												X		X		X
Fruits and Vegetables	How often eat other vegetables (other than beans, dark green, and orange)?												X		X		X
Fruits and Vegetables	Calculated: Eat 2+ servings of fruit per day						X		X				X		X		X
Fruits and Vegetables	Calculated: Eat 3+ servings of vegetables per day						X		X				X		X		X

BRFSS Core and Optional (including state-added) Questions - 2000-2015

X indicates included on the survey

[illegible]

BRFSS Core and Optional (including state-added) Questions - 2000-2015

X indicates included on the survey

[illegible]

BRFSS Core and Optional (including state-added) Questions - 2000-2015

X indicates included on the survey

Topic Area	Question Description	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Healthy Aging	Have tooth or mouth problems that make it hard for you to eat?	X	X	X	X	X	X	X									
Healthy Aging	Take 3 or more different prescribed or OTC drugs a day?	X	X	X	X	X	X	X									
Healthy Aging	Without wanting to, have you lost or gained more than 10lbs without trying?	X	X	X	X	X	X	X									
Healthy Aging	Eat fruits and vegetables every day?	X															
Healthy Aging	Drink at least 6-8 glasses of water, milk, fruit juice or uncaffeinated beverages each day?	X	X	X	X												
Healthy Aging	Hours per month spend participating in volunteer activities?	X															
HIV/AIDS and other STD/STI	What age think child should get education in school about HIV/AIDS?	X															
HIV/AIDS and other STD/STI	If had sexually-active teenager, would you encourage them to use a condom?	X															
HIV/AIDS and other STD/STI	What are your chances of getting infected with HIV?	X															
HIV/AIDS and other STD/STI	T/F - pregnant women with HIV can get treatment to help reduce chances of transmission to her baby?		X	X	X	X											
HIV/AIDS and other STD/STI	T/F - are medical treatments available intended to help a person who is infected with HIV to live longer		X	X	X	X											
HIV/AIDS and other STD/STI	Effectiveness of treatments to help people with HIV live longer?		X														
HIV/AIDS and other STD/STI	Importance of people to know their HIV status by getting tested?		X	X	X												
HIV/AIDS and other STD/STI	Donated blood since March 1985?	X															
HIV/AIDS and other STD/STI	Donated blood in last 12 months?	X															
HIV/AIDS and other STD/STI	Ever been tested for HIV?	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
HIV/AIDS and other STD/STI	Number of times tested for HIV in last 12 months					X											
HIV/AIDS and other STD/STI	Month and year of last HIV test		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
HIV/AIDS and other STD/STI	Tested for HIV in last 12 months?	X															
HIV/AIDS and other STD/STI	Main reason had last HIV test?	X	X	X	X	X		X	X		X	X		X			
HIV/AIDS and other STD/STI	Where had last HIV test?	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X
HIV/AIDS and other STD/STI	Was last HIV test a rapid test?							X	X	X	X	X					

BRFSS Core and Optional (including state-added) Questions - 2000-2015

X indicates included on the survey

Topic Area	Question Description	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
HIV/AIDS and other STD/STI	Type of clinic went to for last HIV Test					X											
HIV/AIDS and other STD/STI	Was HIV test done by nurse or other health worker, or with home testing kit?					X											
HIV/AIDS and other STD/STI	Received results of last HIV test?	X															
HIV/AIDS and other STD/STI	Received counseling or talk with HCP about HIV test results?	X															
HIV/AIDS and other STD/STI	Ever tested positive for HIV/AIDS?		X														
HIV/AIDS and other STD/STI	Calculated: Ever been tested for HIV Risk Factor			X	X	X	X	X	X	X	X	X	X		X	X	X
HIV/AIDS and other STD/STI	Calculated: Ever participated in high-risk behavior			X	X	X	X										
HIV/AIDS and other STD/STI	Calculated: Counseled in last 12 mo on prevention of STD's via condoms			X	X	X											
Hunger	How frequently eat less than feel you should because there isn't enough food or enough money to buy food?	X	X	X	X	X		X									
Hypertension Awareness	Ever been told by a doctor that you had high blood pressure?		X		X		X		X		X		X		X		X
Hypertension Awareness	Current taking medicine for your high blood pressure?		X		X		X		X		X		X		X		X
Hypertension Awareness	Calculated: High blood pressure risk factor		X		X		X		X		X		X		X		X
Immunization - Adult	In past 12 month had flu shot?	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X
Immunization - Adult	Month and year got most recent flu shot							X		X	X		X	X	X	X	X
Immunization - Adult	In past 12 months, had flu vaccine that was sprayed in your nose?					X	X	X	X	X	X		X	X			
Immunization - Adult	Month and year got most recent flu vaccine that was sprayed in nose										X		X	X			
Immunization - Adult	Where/What kind of place did you get last flu shot?			X		X	X						X				X
Immunization - Adult	Main reason not gotten flu vaccination for current flu season?							X									
Immunization - Adult	Ever had pneumonia shot?	X	X	X	X	X		X	X	X	X		X	X	X	X	X
Immunization - Adult	Ever heard anything about pneumonia vaccine?									X							
Immunization - Adult	How did you hear about the pneumonia vaccine?									X							

BRFSS Core and Optional (including state-added) Questions - 2000-2015

X indicates included on the survey

Topic Area	Question Description	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Immunization - Child	Main reason child not had flu vaccination for the current flu season?							X									
Intimate Partner Violence	In a safe place to answer these questions?										X					X	
Intimate Partner Violence	Has intimate partner ever threatened you with physical violence?						X										
Intimate Partner Violence	Has intimate partner ever threatened you or made you feel unsafe in some way?										X					X	
Intimate Partner Violence	Has intimate partner ever hit, slapped, pushed, kicked, or physically hurt you in any way?						X				X					X	
Intimate Partner Violence	Has intimate partner ever tried to control your daily activities?										X					X	
Intimate Partner Violence	Has intimate partner ever attempted physical violence against you?						X										
Intimate Partner Violence	Ever experienced unwanted sex by current or former intimate partner?						X										
Intimate Partner Violence	In past 12 months, experienced any physical violence or had unwanted sex with an intimate partner?						X										
Intimate Partner Violence	In past 12 months, had any injuries, as result of this physical violence or unwanted sex?						X										
Intimate Partner Violence	At time of most recent incident, what was relationship to intimate partner who was physically violent or had unwanted sex with you?						X										
Kidney Disease	Ever told by doctor that you have kidney disease?												X	X	X	X	X
Lead Poisoning	Can small amounts of lead have an effect on a young child's health?									X							
Lead Poisoning	When was building in which you live built?									X	X						
Lead Poisoning	Currently rent or own the building you live in?									X							
Lead Poisoning	Ever checked your home for chipping, peeling or deteriorated paint?									X							
Lead Poisoning	In past 12 months, have you or a contractor dry sanded or dry scraped paint, used a heat gun to remove paint, or machine sanded, sandblasted or pressure washed paint in or on your home?										X						
Lead Poisoning	Do any of the following for chipping, peeling or deteriorated paint - dray sanded/scraped, blocked access to the area, wet sanded/scraped, used heat gun to remove, contact landlord?									X							
Marijuana	Ever used marijuana?								X	X	X	X	X				
Marijuana	In past 30 days, how many days used marijuana?								X	X	X	X	X	X	X		X
Marijuana	In past 30 days, how many times drove car when using marijuana?								X	X	X	X		X	X		X

BRFSS Core and Optional (including state-added) Questions - 2000-2015

X indicates included on the survey

Topic Area	Question Description	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Menu Labeling	When calorie information is available in the restaurant, how often does this information help you decide what to order?													X			
Multiple Sclerosis	Doctor ever told you have MS? (some years distinguishes last year vs. not)		X		X	X											
Oral Health	How long since visited dentist for any reason?	X		X		X		X		X		X		X		X	
Oral Health	Number of permanent teeth removed because of tooth decay or gum disease?	X		X		X		X		X		X		X		X	
Oral Health	How long since had teeth cleaned?	X		X		X		X		X		X		X			
Oral Health	Main reason not visited dentist last year?	X															
Oral Health	Have any insurance that covers some or all of your routine dental care?	X															
Oral Health	Reason did not get dental care in last year?													X			
Oral Health	What kind of dental care coverage do you use to pay for dental care?													X			
Oral Health	Do you have one place that you go for regular dental care?													X			
Oral Health	Calculated: Adults aged 65+ who have had all their teeth removed			X		X		X		X		X		X		X	
Oral Health	Calculated: Adults that have visited a dentist/dental hygienist/clinic			X		X		X		X		X		X		X	
Oral Health	Calculated: Risk factor for having had permanent teeth extracted			X		X		X		X		X		X		X	
Osteoporosis	Doctor ever talked with you about preventing osteoporosis or its complications through lifestyle changes?	X															
Osteoporosis	Doctor ever told you had osteoporosis? (some years distinguishes last year vs. not)		X	X	X	X		X	X								

BRFSS Core and Optional (including state-added) Questions - 2000-2015

X indicates included on the survey

[illegible]

BRFSS Core and Optional (including state-added) Questions - 2000-2015

X indicates included on the survey

Topic Area	Question Description	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Prostate Cancer Screening	Has doctor, nurse, or other health professional ever talked with you about the advantages of the PSA test?													X		X	
Prostate Cancer Screening	Has doctor, nurse, or other health professional ever talked with you about the disadvantages of the PSA test?													X		X	
Prostate Cancer Screening	Has doctor, nurse, or other health professional ever recommended that you have a PSA test?													X		X	
Prostate Cancer Screening	Ever had a PSA test?		X	X		X		X		X		X		X		X	
Prostate Cancer Screening	How long since last PSA test?		X	X		X		X		X		X		X		X	
Prostate Cancer Screening	Main reason you had this PSA test?													X		X	
Prostate Cancer Screening	Ever had digital rectal exam?		X	X		X		X		X		X		X			
Prostate Cancer Screening	How long since last digital rectal exam?		X	X		X		X		X		X		X			
Prostate Cancer Screening	Ever told by doctor that you have prostate cancer?		X	X		X		X		X		X					
Prostate Cancer Screening	Father, brother, son or grandfather ever told by doctor have prostate cancer?		X														
Prostate Cancer Screening	Doctor ever discussed benefits and risks of prostate cancer screening and/or treatment?											X					
Prostate Cancer Screening	Calculated: Men 40+ no PSA test in past two years			X		X		X		X							
Radon	Household air ever tested for radon gas?			X	X	X					X						
Radon	Has radon reduction/mitigation system been installed in your home?										X						

BRFSS Core and Optional (including state-added) Questions - 2000-2015

X indicates included on the survey

Topic Area	Question Description	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Random Child Selection	Birth month and year of [selected] child?						X	X	X	X	X	X	X		X	X	X
Random Child Selection	Is child boy or girl?						X	X	X	X	X	X	X		X	X	X
Random Child Selection	(Prior to 2013) Is child Hispanic or Latino?						X	X	X	X	X	X	X				
Random Child Selection	(2013 forward) Is child Hispanic or Latino?														X	X	X
Random Child Selection	Child's race (multiple and preferred)?						X	X	X	X	X	X	X				
Random Child Selection	Child's race (multiple and preferred)?														X	X	X
Random Child Selection	Adult's (respondent) relationship to child?						X	X	X	X	X	X	X		X	X	X
Reactions to Race	In past 12 months, when seeking healthcare, feel your experiences were worse than, the same as, or better than those for people of other races?									X	X						
Reactions to Race	In past 30 days, experienced ad physical symptoms, as a result of how you were treated based on your race?									X	X						
Reason for Participating in BRFSS	Which of the following best describes your decision...		X														
Seat Belts	How often use seatbelts when drive or ride in car?			X				X	X	X		X	X	X	X	X	X
Seat Belts	Calculated variable: Always wear seat belt			X				X		X		X	X	X	X	X	X
Seat Belts	Calculated variable: Always or nearly always wear seat belt											X	X	X	X	X	X
Sexual Behavior	During past 12 months, had sex?	X															
Sexual Behavior	During past 12 months, how many people had sex with?	X	X	X	X	X	X			X	X	X		X			
Sexual Behavior	During past 12 months, had sex with only males, only females, or both males and females?	X	X	X	X	X	X			X				X			
Sexual Behavior	Was that person male or female?		X	X	X	X	X										
Sexual Behavior	In past 12 months had sex with someone you consider to be your main sex partner?	X	X	X	X	X	X										
Sexual Behavior	If had one main partner in past 12 months, think of main partner you last had sex with. Was person male or female?	X															
Sexual Behavior	Last time had sex, you or partner used plastic or latex barrier? (asked of main and non-main partners)	X	X	X	X	X	X			X							
Sexual Behavior	Last time had sex with main/casual partner, did you use a condom?													X			

BRFSS Core and Optional (including state-added) Questions - 2000-2015

X indicates included on the survey

[illegible]

BRFSS Core and Optional (including state-added) Questions - 2000-2015

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Topic Area	Question Description	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Tobacco Use	Smoked at least 100 cigarettes in lifetime?	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Tobacco Use	Now smoke everyday, some days, not at all?	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Tobacco Use	On average, number of cigarettes smoke per day?	X															
Tobacco Use	Past 12 months, quit for at least one day?	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Tobacco Use	How long since last smoked cigarettes regularly?	X									X	X	X	X	X	X	X
Tobacco Use	Currently use chew every day, some days or not at all?									X	X	X	X	X	X	X	X
Tobacco Use	In past 30 days, has anyone, including self, smoked anywhere inside your home?	X	X	X													
Tobacco Use	Doctor ever advised you to quit smoking?	X	X	X	X												
Tobacco Use	Dentist ever advised you to quit smoking?			X													
Tobacco Use	Ever tried smokeless tobacco products?									X							
Tobacco Use	Now smoke cigars every day, some days or not at all?										X						
Tobacco Use	In past 30 days, on how many days smoked cigarettes?										X						
Tobacco Use	Calculated: Current smoking status risk factor	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Tobacco Use	Calculated: Four level smoker status	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Vision Impairment	Do you have any trouble seeing, even when wearing glasses or contact lenses?												X	X			
Weight Control	Now trying to lose weight?	X			X	X	X			X							
Weight Control	Now trying to maintain weight?	X			X	X	X			X							
Weight Control	Eating fewer calories to lose weight or keep from gaining weight?	X			X	X	X			X							
Weight Control	Using physical activity to lose weight or keep from gaining weight?	X			X	X	X			X							
Weight Control	In past 12 months, doctor given you advice about your weight?	X			X	X	X			X							

BRFSS Core and Optional (including state-added) Questions - 2000-2015

X indicates included on the survey

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